North Dakota Medicaid
Trading Partner Agreement Companion Guide
837 Dental Health Care Claim -- ANSI X12 4010A1

Rev. 09-2006

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 837 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837 Dental Health Care Claim 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
		ISA	Interchange Control Header	ISA05	Interchange ID Qualifier	2	Enter the value "ZZ", mutually defined.
		ISA	Interchange Control Header	ISA06	Interchange Sender ID	15	Enter the nine-digit numeric vendor number assigned by North Dakota Deparment of Human Services.
		ISA	Interchange Control Header	ISA07	Interchange ID Qualifier	2	Enter the value "ZZ", mutually defined.
		ISA	Interchange Control Header	ISA08	Interchange Receiver ID	15	Enter "NDDHSMED"
		ISA	Interchange Control Header	ISA16	Component Element Separator	1	North Dakota Medicaid prefers ':' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator
		GS	Functional Group Header	GS02	Application sender's code	15	Enter the same value as ISA06, the nine-digit numeric vendor number assigned by the North Dakota Department of Human Services.
		GS	Functional Group Header	GS03	Application receiver's code	15	Enter "NDDHSMED"
		GS	Functional Group Header	GS08	Version / release / industry identifier code	12	Enter the value "004010X097A1", the HIPAA mandated implementation guide release for this transaction.
	Header	ST	Transaction Set Header	ST01	Transaction Set Identifier Code	3	837
	Header	REF	Transmission Type Identification	REF02	Reference Identification	30	004010X097A1
1000A	Submitter Name	NM1	Submitter Name	NM109	Identification Code	80	Medicaid HMO Provider Number (for HMO use only)

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2010AA	Billing Provider Name	NM1	Billing Provider Name	NM103	Name Last or Organization Name	35	Medicaid Provider Name
2010AA	Billing Provider Name	REF	Billing Provider Secondary Identification Number	REF02	Reference Identification	30	Medicaid Provider Number
2010AB	Pay-to Provider Name	NM1	Pay-to Provider's Name	NM103	Name Last or Organization Name	35	Medicaid Provider Name
2010AB	Pay-to Provider Name	REF	Pay-to Provider Secondary Identification Number	REF02	Reference Identification	30	Medicaid Provider Number
2010BA	Subscriber Name	NM1	Subscriber Name	NM103	Name Last or Organization Name	35	Medicaid Recipient Last Name
2010BA	Subscriber Name	NM1	Subscriber Name	NM104	Name First	25	Medicaid Recipient First Name
2010BA	Subscriber Name	NM1	Subscriber Name	NM105	Name Middle	25	Medicaid Recipient Middle Initial
2010BA	Subscriber Name	NM1	Subscriber Name	NM109	Identification Code	80	Medicaid Recipient Number
2300	Claim Information	AMT	Patient Amount Paid	AMT02	Monetary Amount	18	Other Payer / Patient Paid Amount
2300	Claim Information	CLM	Claim Information	CLM01	Claim Submitter's Identifier	38	Patient Account Number
2300	Claim Information	CLM	Claim Information	CLM02	Monetary Amount	18	Total Claim Charge Amount
2300	Claim Information	CLM	Claim Information	CLM05-1	Facility Code Value	2	Place of Service
2300	Claim Information	CLM	Claim Information	CLM06	Yes/No Condition or Response Code	1	Provider Signature on File
2300	Claim Information	CLM	Claim Information	CLM11-1 to 3	Related-Causes Code	3	EM = Employment Related Accident
2300	Claim Information	CLM	Claim Information	CLM11-1 to 3	Related-Causes Code	3	AA = Auto Accident
2300	Claim Information	CLM	Claim Information	CLM11-1 to 3	Related-Causes Code	3	OA = Other Accident
2300	Claim Information	CLM	Claim Information	CLM19	Claim Submission Reason Code	2	Enter 'PB' if submission is for Predetermination

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2300	Claim Information	DTP	Date - Service	DTP03	Date Time Period	35	472 in DTP01 = Service Date (FROM Date of Service; TO Date of Service)
2300	Claim Information	REF	Prior Authorization or Referral Number	REF02	Reference Identification	30	'G1' in REF01 = Medicaid Prior Authorization Number
2300	Claim Information	REF	Original Reference Number (ICN/DCN)	REF02	Reference Identification	30	'F8' in REF01 = Original Medicaid Internal Control Number -- Use this number to adjust a previously processed claim by ND Medicaid
2310A	Referring Provider Name	REF	Referring Provider Secondary Identification	REF02	Reference Identification	30	'1D' in REF01 = 1DMedicaid Provider Number of Referring Provider
2320	Other Subscriber Information	AMT	Coordination of Benefits (COB) Payer Paid Amount	AMT02	Monetary Amount	18	'D' in AMT01 = Payor/Patient Amount Paid
2400	Line Counter	DTP	Date - Service	DTP03	Date Time Period	35	'472' in DTP01 = Service Date (FROM Date of Service)
2400	Line Counter	NTE	Line Note	NTE02	Description	80	Line Note Text
2400	Line Counter	SV3	Dental Service	SV301-2	Product/Service ID	48	'AD' in SV301-1 = American Dental Association Codes
2400	Line Counter	SV3	Dental Service	SV301-3	Procedure Modifier	2	Procedure Modifier 1
2400	Line Counter	SV3	Dental Service	SV301-4	Procedure Modifier	2	Procedure Modifier 2
2400	Line Counter	SV3	Dental Service	SV301-5	Procedure Modifier	2	Procedure Modifier 3
2400	Line Counter	SV3	Dental Service	SV301-6	Procedure Modifier	2	Procedure Modifier 4
2400	Line Counter	SV3	Dental Service	SV302	Monetary Amount	18	Detail Line Item Charge Amount
2400	Line Counter	TOO	Tooth Information	TOO02	Industry Code	30	Tooth Number
2400	Line Counter	TOO	Tooth Information	TOO03-1	Tooth Surface Code	2	Tooth Surface
2400	Line Counter	TOO	Tooth Information	TOO03-2	Tooth Surface Code	2	Tooth Surface
2400	Line Counter	TOO	Tooth Information	TOO03-3	Tooth Surface Code	2	Tooth Surface
2400	Line Counter	TOO	Tooth Information	TOO03-4	Tooth Surface Code	2	Tooth Surface

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2400	Line Counter	TOO	Tooth Information	TOO03-5	Tooth Surface Code	2	Tooth Surface
2420A	Rendering Provider Name	NM1	Rendering Provider Secondary Identification	REF02	Reference Identification	30	'1D' in REF01 = Rendering (Performing) Provider Medicaid Provider Number
2430	Line Adjudication Information	CAS	Line Adjustment	CAS03	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	CAS	Line Adjustment	CAS06	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	CAS	Line Adjustment	CAS09	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	CAS	Line Adjustment	CAS12	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	CAS	Line Adjustment	CAS15	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	CAS	Line Adjustment	CAS18	Monetary Amount	18	DR-RECIP-LIABILITY: Claim Adjustment Group Code = 'PR', add Adjustment Amount (1-6) | DR-CUTBACK_AMOUNT: Claim Adjustment Group Code NE 'PR', add Adjustment Amount (1-6)
2430	Line Adjudication Information	SVD	Service Line Adjudication	SVD02	Monetary Amount	18	Line Item Other Payer / Patient Paid Amount